



WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT

Division of Economic Support

Bureau of Work Support Programs

**TO: Economic Support Supervisors
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies**

FROM: Stephen M. Dow
Policy Analysis & Program Implementation Unit
Work Programs Section

BWSP OPERATIONS MEMO

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Non W-2 ☒ **W-2** ☐ **CC** ☐

PRIORITY: High

**SUBJECT: MA – CHANGES BASED ON NEW FEDERAL POVERTY LEVEL (FPL)
AMOUNTS (2000)**

CROSS REFERENCE: MA Handbook, Appendices 19, 23, 25, 26, 27 & 30.
Income Maintenance Manual, Chapter I, Part A.
BWSP Operations Memos 99-30 & 99-50.

EFFECTIVE DATE: See specific dates below.

BACKGROUND

The U.S. Department of Health and Human Services (DHHS) has published its annual update of the Poverty Income Guidelines (aka, Federal Poverty Level, or FPL) in the Federal Register (via Internet). Several income limits and other amounts used in some MA determinations are based upon the FPL.

An update of CARES tables (TMEP, TBCS, TASP & TMST) to these new figures was done 03/29/2000. A mass change processing is planned for the weekend of 04/07/2000.

SPOUSAL IMPOVERISHMENT COMMUNITY SPOUSE INCOME ALLOWANCE

Effective: 05/01/2000
 Cross Reference: MA Handbook, 23.6.0.

ITEM	OLD Amount	NEW Amount
Minimum Allocation	\$ 1,843.33	\$ 1,875.00
Shelter Base Amount	\$ 553.00	\$ 562.50

SPOUSAL IMPOVERISHMENT FAMILY MEMBER INCOME ALLOWANCE

Effective: 05/01/2000
 Cross Reference: MA Handbook, 23.6.0.

Group Size	OLD Amount	NEW Amount
Each eligible family member	\$ 460.83	\$ 468.75

QUALIFIED MEDICARE BENEFICIARY (QMB)

Effective: 01-01-2000
 Cross Reference: MA Handbook, 27.3.2, 30.6.2.

You do not have to implement the QMB change retroactively, except at the request of someone denied because of excess income between January 1, 2000, and the implementation date of these new limits.

Group Size	OLD Limit (100%)	NEW Limit (100%)
1	\$ 686.67	\$ 695.83
2	\$ 921.67	\$ 937.50

QUALIFIED DISABLED & WORKING INDIVIDUAL (QDWI)

Effective: 05/01/2000
 Cross Reference: MA Handbook, 27.7.0, 30.6.7.

QDWI eligibility is determined in CARES.

Group Size	OLD Limit (200%)	NEW Limit (200%)
1	\$ 1,373.33	\$ 1,391.67
2	\$ 1,843.33	\$ 1,875.00

TUBERCULOSIS-RELATED INCOME LIMIT

Effective: 05/01/2000
 Cross Reference: MA Handbook, 19.7.2.

Special TB-related eligibility is determined manually, not in CARES.

Group Size	OLD Limit (200%)	NEW Limit (200%)
1	\$ 1,373.33	\$ 1,391.67

SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)

Effective: 01-01-2000
 Cross Reference: MA Handbook, 27.4.1, 30.6.4.

You do not have to implement the SLMB change retroactively, except at the request of someone denied because of excess income between January 1, 2000, and the implementation date of the new limits.

Group Size	OLD Limit (120%)	NEW Limit (120%)
1	\$ 824.00	\$ 835.00
2	\$ 1,106.00	\$ 1,125.00

SPECIFIED LOW-INCOME MEDICARE BENEFICIARY PLUS (SLMB +)

Effective: 01-01-2000
 Cross Reference: MA Handbook, 27.5.1, 30.6.5.

You do not have to implement the SLMB + change retroactively, except at the request of someone denied because of excess income between January 1, 2000, and the implementation date of the new limits.

Group Size	OLD Limit (135%)	NEW Limit (135%)
1	\$ 927.00	\$ 939.38
2	\$ 1,244.25	\$ 1,265.63

ADDITIONAL LOW INCOME MEDICARE BENEFICIARY (ALMB)

Effective: 01-01-2000

Cross Reference: MA Handbook, 27.6.1, 30.6.6.

You do not have to implement the ALMB change retroactively, except at the request of someone denied because of excess income between January 1, 2000, and the implementation date of the new limits.

Group Size	OLD Limit (175%)	NEW Limit (175%)
1	\$ 1,201.67	\$ 1,217.71
2	\$ 1,621.92	\$ 1,640.63

OBRA CHILDREN (AT LEAST 6 BUT NOT 19 YEARS OLD BORN AFTER)

Effective: 05/01/2000

Cross Reference: MA Handbook, 26.3.2.2 & 30.4.1.2.

Group Size	OLD Limit (100%)	NEW Limit (100%)	Group Size	OLD Limit (100%)	NEW Limit (100%)
1	\$ 686.67	\$ 695.83	6	\$ 1,861.67	\$ 1,904.17
2	\$ 921.67	\$ 937.50	7	\$ 2,096.67	\$ 2,145.83
3	\$ 1,156.67	\$ 1,179.17	8	\$ 2,331.67	\$ 2,387.50
4	\$ 1,391.67	\$ 1,420.83	9	\$ 2,566.67	\$ 2,629.17
5	\$ 1,626.67	\$ 1,662.50	10	\$ 2,801.67	\$ 2,870.83
			for each person over 10	+ \$ 235.00	+ \$ 241.67

HEALTHY START (HS) & PRESUMPTIVE ELIGIBILITY (PE)

Effective: 05/01/2000

Cross Reference: (HS) MA Handbook, 26.3.2.1 & 30.4.1.1.

(PE) Income Maintenance Manual, I-A.

Group Size	OLD Limit HS/PE CAT NDY (133%)	NEW Limit HS/PE CAT NDY (133%)	Group Size	OLD Limit HS/PE CAT NDY (133%)	NEW Limit HS/PE CAT NDY (133%)
1	\$ 913.27	\$ 925.46	6	\$ 2,476.02	\$ 2,532.54
2	\$ 1,225.82	\$ 1,246.88	7	\$ 2,788.57	\$ 2,853.96
3	\$ 1,538.37	\$ 1,568.29	8	\$ 3,101.12	\$ 3,175.38
4	\$ 1,850.92	\$ 1,889.71	9	\$ 3,413.67	\$ 3,496.79
5	\$ 2,163.47	\$ 2,211.13	10	\$ 3,726.22	\$ 3,818.21
			each person over 10	+ \$ 312.55	+ \$ 321.42

Group Size	OLD Limit HS/PE MED NDY (185%)	NEW Limit HS/PE MED NDY (185%)	Group Size	OLD Limit HS/PE MED NDY (185%)	NEW Limit HS/PE MED NDY (185%)
1	\$ 1,270.33	\$ 1,287.29	6	\$ 3,444.08	\$ 3,522.71
2	\$ 1,705.08	\$ 1,734.38	7	\$ 3,878.83	\$ 3,969.79
3	\$ 2,139.83	\$ 2,181.46	8	\$ 4,313.58	\$ 4,416.88
4	\$ 2,574.58	\$ 2,628.54	9	\$ 4,748.33	\$ 4,863.96
5	\$ 3,009.33	\$ 3,075.63	10	\$ 5,183.08	\$ 5,311.04
			each person over 10	+ \$ 434.75	+ \$ 447.08

QMBs/SLMBs & COLA DISREGARD

In the December, 1999, CARES COLA mass change, we stored the COLA increase as "CURRENT DISREGARD" on AFUI. For determinations made in Jan through April 2000, CARES would subtract the COLA increase from the client's income before comparing it to the income limit. This was to compensate for the fact that we did not have the 2000 FPL amounts in the system. For determinations done from May through December 2000, EDBC will not subtract the COLA increase from total income when determining QMB and SLMB eligibility in CARES.

BADGERCARE

Effective: 05/01/2000

Cross Reference: MA Handbook 12.0.0, 30.11.0.

Income limits for BadgerCare are based on 185% of the FPL for applicants and 200% of the FPL for recipients. Families above 150% of FPL will need to pay a premium in order to participate in the BadgerCare program.

CARES uses tables for 100% of FPL in BadgerCare processing to send a 'GP' medical status for those under 100% FPL and a "B4" medical status for those falling between 100% and 150% of FPL

Group Size	OLD Limit Applicants (185%)	NEW Limit Applicants (185%)	OLD Limit Recipients (200%)	NEW Limit Recipients (200%)
1	\$1,270.33	\$1,287.29	\$1,373.33	\$1,391.67
2	\$1,705.08	\$1,734.38	\$1,843.33	\$1,875.00
3	\$2,139.83	\$2,181.46	\$2,313.33	\$2,358.33
4	\$2,574.58	\$2,628.54	\$2,783.33	\$2,841.67
5	\$3,009.33	\$3,075.63	\$3,253.33	\$3,325.00
6	\$3,444.08	\$3,522.71	\$3,723.33	\$3,808.33
7	\$3,878.83	\$3,969.79	\$4,193.33	\$4,291.67
8	\$4,313.58	\$4,416.88	\$4,663.33	\$4,775.00
9	\$4,748.33	\$4,863.96	\$5,133.33	\$5,258.33
10	\$5,183.08	\$5,311.04	\$5,603.33	\$5,741.67
For each additional person	\$ 434.75	\$ 447.08	\$ 470.00	\$ 483.33

Group Size	NEW Cutoff 'GP' Med Stat (100%)	NEW Cutoff Premium Payment (150%)
1	\$695.83	\$1,043.75
2	\$937.50	\$1,406.25
3	\$1,179.17	\$1,768.75
4	\$1,420.83	\$2,131.25
5	\$1,662.50	\$2,493.75
6	\$1,904.17	\$2,856.25
7	\$2,145.83	\$3,218.75
8	\$2,387.50	\$3,581.25
9	\$2,629.17	\$3,943.75
10	\$2,870.83	\$4,306.25
For each additional person	\$ 241.67	\$ 362.50